## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) Title DIGITAL CAMERA

244611US2 Attorney Docket No. First Inventor or Application Identifier Toshiaki NAKAHIRA

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313								
1. Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS								
(Submit an original and a duplicate for fee processing)	7.  Assignment Papers (cover sheet & document(s))								
2. ■ Specification Total Sheets 19	8. Application Data Sheet. See 37 CFR 1.76								
	9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney								
3.	10.   English Translation Document (if applicable)								
	11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations (3)								
4. ☐ Oath or Declaration Total Pages ☐	12. Request for Priority								
a.    Newly executed (original or copy)	13. White Advance Serial No. Postcard								
b. Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document (1)  (if foreign priority is claimed)								
<ul> <li>i. DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and     </li> </ul>	15.   Applicant claims small entity status.  See 37 CFR 1.27								
1.33(b).  CD-ROM or CD-R in duplicate, large table or Computer	16. ☐ Other:								
Program (Appendix)									
6. U Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)									
a.   Computer Readable Form (CRF)									
b. / Specification or Sequence Listing on :									
i. ☐ CD-ROM or CD-R (2 copies); or									
ii. 🛘 Paper									
c.   Statements verifying identity of above copies									
17. If a CONTINUING APPLICATION, check appropriate box, and supp	ly the requisite information below:								
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:									
Prior application information: Examiner: Group Art Unit:									
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
18. CORRESPONDENCE ADDRESS									
Customer Number									
22850									
(703) 413-3000 FACSIMILE: (703) 413-2220									
Name: James J. Kulbask	Registration No.: 34,648								
Signature: Date: (0/21/0 )									
Name: Michael E. Metlaco	Registration No.: 52,041								

Docket No.

244611US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Toshiaki NAKAHIRA

SERIAL NO:

**New Application** 

FILING DATE: Herewith

FOR:

**DIGITAL CAMERA** 

## **FEE TRANSMITTAL**

## COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED				NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	27	-	20	=	7	х	\$18	=	\$126.00
INDEPENDENT CLAIMS	2	-	3	=	0	х	\$86	=	\$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable) + \$290 =							\$0.00		
■ LATE FILING OF DECLARATION + \$130 =						=	\$130.00		
BASIC FEE								\$770.00	
TOTAL OF ABOVE CALCULATIONS								\$1,026.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY								\$0.00	
☐ FILING IN NON-ENGLISH LANGUAGE					+	\$130	=	\$0.00	
☐ RECORDATION OF AS	RDATION OF ASSIGNMENT					+	\$40	=	\$0.00
							TOT	AL	\$1,026.00

☐ Please charge Deposit Account No. 15-0030 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.

A check in the amount of \$1,026.00 to cover the filing fee is enclosed.

☐ Credit card payment form is attached to cover the filing fee in the amount of \$0.00

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Customer Number

22850

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

I:\ATTY\MM\KONGKHAM\244611.FEE..DOC

OBLON, SPIVAK, McCLELLAND,

Ilbaski

Registration No. 34,648

52,041

Michael E. Monaco

Registration No.